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650-631-3100 • 650-631-3150 FAX****OFFICIAL****FACSIMILE TRANSMITTAL SHEET****TO: Examiner L.. Di Nola Baron****FROM: Felissa H. Cagan****COMPANY: Patent and Trademark Office****PHONE NUMBER: 650-631-3145****FAX NUMBER: 703-872-9306****FAX NUMBER: (650) 631-3125****PHONE NUMBER:****DATE: October 27, 2003****RE: Serial No. 10/027,401****TOTAL NO. OF PAGES: 6  
(INCLUDING COVER)**☐ **URGENT** ☐ **FOR REVIEW** ☐ **PLEASE COMMENT** ☐ **PLEASE REPLY** ☐ **PLEASE RECYCLE****NOTES/COMMENTS:****NOTICE OF CONFIDENTIALITY**

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Practitioner's Docket No. 0081.01

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Celal Albayrak

Application No.: 10/027,401

Group No.: 1615

Filed: 12/19/2001

Examiner: DI NOLA BARON

For: INDUCED PHASE TRANSITION METHOD FOR THE PRODUCTION OF MICROPARTICLES  
CONTAINING HYDROPHOBIC ACTIVE AGENTS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

OFFICIAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

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## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

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Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

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## TRANSMISSION

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Signature

Date: 10/27/2003

(type or print name of person certifying)

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	53	- 53	= 0	x \$ 18.00	= \$	0.00	
INDEP.	1	- 3	= 0	x \$ 86.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

**FEE PAYMENT**

5. Authorization is hereby made to charge the amount of \$110.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

**FEE DEFICIENCY**

6. An additional extension and/or fee is required, charge Account No. 500348.

An additional fee for claims is required, charge Account No. 500348.

Date: October 27, 2003

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Felissa H. Cagan  
Signature of Practitioner

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